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CONFIRMATION NO. 5624

SERIAL NUMBER 10/798,786	FILING OR 371(c) DATE 03/10/2004 RULE	CLASS 607	GROUP ART UNIT 3739	ATTORNEY DOCKET NO. ENDOV-67986
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**APPLICANTS**

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**\*\* CONTINUING DATA \*\*\*\*\***

This application is a CON of 09/534,786 03/24/2000 PAT 6,719,778

**\*\* FOREIGN APPLICATIONS \*\*\*\*\*****IF REQUIRED, FOREIGN FILING LICENSE GRANTED**

\*\* 05/27/2004

Foreign Priority claimed	<input type="checkbox"/> yes <input type="checkbox"/> no		
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance		
Verified and Acknowledged	Examiner's Signature _____ Initials _____		
STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
MN	1	23	3

**ADDRESS**

60117

**TITLE**

Methods for treatment of aneurysms

FILING FEE RECEIVED 954	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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